Commissary of Fats, Oils and Grease Disposal Site Letter

Name of Mobile Unit	
Address	
City	
*Commissary must have a registered grease control dev	ice.
To Whom it May Concern: This is a letter requesting your permission to use yo dispose of my wastewater in your mop sink. The wastewater operating my mobile food unit(s) i.e. truck, cart and/or trapermission to properly dispose of any yellow grease or us portable yellow grease bin or barrel (disposed of by a Cerpermitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the properties of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Hampton Roads Planning District Company of the permitted with the Permitted Roads Planning District Company of the Permitted Roads Planning District Compan	ater is generated from ailer. I also request ed cooking oils in your tified Grease Hauler
/O (NA - h:l Ll-: L D: - L N)	
(Owner of Mobile Unit, Print Name)	
(Sign Name)	-
I grant the above listed Mobile Unit the requested permis	
(Owner or Manager of FSE for Commissary, Print Name)	Date
(Sign Name)	
Name of Food Service Establishment for Commissary	
Address	
City	